



CALIFORNIA STATE ATHLETIC COMMISSION  
 2005 Evergreen St. STE. 2010  
 SACRAMENTO, CA 95815  
 INTERNET: [www.dca.ca.gov](http://www.dca.ca.gov)  
 (916) 263-2195 FAX (916) 263-2197



## APPLICATION FOR LICENSE

☐ ORIGINAL ☐ RENEWAL

TYPE OF LICENSE (Please check appropriate box):

All items must be submitted before we can process the application.

- ☐ Second \$50 + 1 photo  
☐ Manager \$150 + Copy of Form BCII 8016 + 1 photo  
☐ Matchmaker \$200 + Copy of Form BCII 8016 + 1 photo  
☐ Asst Matchmaker \$200 + Copy of Form BCII 8016 + 1 photo

COPY OF FORM BCII 8016 FOR *ORIGINAL* APPLICATION ONLY.

### OFFICE USE ONLY

License # \_\_\_\_\_

Date App Received \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

Method of Payment \_\_\_\_\_

Check Number \_\_\_\_\_

Received By \_\_\_\_\_

Receipt # \_\_\_\_\_

Approve for License:

FULL NAME: (Print) _____			
Last	First	Middle	
ADDRESS: _____			
Street (No PO Box)	City	State	Zip Code
( ) HOME PHONE NUMBER	( ) BUSINESS PHONE NUMBER	SOCIAL SECURITY NUMBER or FEIN  (Mandatory)	- - DATE OF BIRTH

Do you have a financial interest in any club/promoter, corporation, organization, or association conducting boxing, martial arts, or exhibitions in the state?

☐ Yes ☐ No

If answer is yes, give name(s) \_\_\_\_\_

Do you have a financial interest in any boxer or martial arts fighter?

☐ Yes ☐ No

If answer is yes, give name(s) and explain \_\_\_\_\_

Are you licensed in any other state?

☐ Yes ☐ No

If answer is yes, give license type and expiration date \_\_\_\_\_

Have you ever been convicted of any offense other than minor traffic violations? ☐ Yes ☐ No

(You must answer "Yes" even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside, or pardoned under Section 1203.4 of the Penal Code). If answer is yes, please explain and attach a copy of the conviction

Have you ever had a license suspended, revoked, disciplined, or fined by the California State Athletic Commission or by any other Commission? ☐ Yes ☐ No

If answer is yes, please explain \_\_\_\_\_

Have you ever used any other name(s)? ☐ Yes ☐ No

If answer is yes, please explain \_\_\_\_\_

Experience and Qualifications:

Second Applicants Only – List experience and qualifications pursuant to Commission Rule 218(b):

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Matchmaker Applicants Only – Give details of financial agreements with your promoter/club; state whether you receive a salary or percentage of net profit or gate receipts. If you are under contract to a promoter/club, submit a copy of the contract.

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Person to Notify in Case of Emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authority to provide the Commission with information requested on this application is established pursuant to Section 18640, 18642, and 18660 of the Business and Professions Code. Disclosure of your social security number (or federal employer identification number (FEIN), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 ISCA 405(c)(2)(C)] authorize collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**All items in this application are mandatory; none are voluntary.** Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

***I declare under penalty of perjury under the laws of the State of California, that I have read the foregoing application for a license, that all the answers given are my own and that all the answers are true of my own knowledge. Further, I understand and agree that any misstatement of material fact in this application will constitute grounds for denying or revoking the license.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**This item is VOLUNTARY. You do not have to check this box.**

[ ☐ ] I hereby authorize the California State Athletic Commission to release my telephone number to any Commission licensee. This authorization shall be valid only during the calendar year in which this application is signed.